

APPENDIX B



WILLIAM F. WELD
Governor

KATHLEEN M. OTOOLE
Secretary

The Commonwealth of Massachusetts

Executive Office of Public Safety

State Board of Building Regulations and Standards

*McCormack State Office Building
One Ashburton Place - Room 1301
Boston, Massachusetts 02108*

KENTARO TSUTSUMI
Chairman

THOMAS L. ROGERS
Administrator

TEL: (617) 727-3200 FAX: (617) 227-1754

STATE BUILDING CODE APPEALS BOARD - FILING INSTRUCTIONS

Note: Appeals are held pursuant to 801 CMR 1.02 Informal/Fair Hearing Rules

The procedure outlined below must be followed when filing a Building Code Appeal:

1. The appellant must be in receipt of a letter of denial from the local Building Official as required under 780 CMR 111.1 of the State Building Code. An appeal must be filed within 45 days of the date of the letter of denial. An appeal may be filed either with the local **Building Code Appeals Board**, if one has been established, or directly with the State Building Code Appeals Board.
2. Two documents are required to be completed by the appellant or his/her representative - the **Appeal Application Form** (2 pages) and the **Service Notice** (1 page).

The **Service Notice**, which gives notice to the building official that an appeal is being filed, should include the date appearing on the appeal form and the name and address of the Building Official under the section "PERSON/AGENCY SERVED". The **Method of Service** should list one of the following procedures as set forth in Section 121.2.1 of the State Building Code.

- A. Personally; or
- B. Registered or Certified Mail, return receipt requested; or
- C. By any person authorized to serve civil process.

The **Date of Service** is the date when a copy of the appeal is delivered or mailed to the Building Official or other party entitled.

The **Service Notice** must be signed by the appellant or his/her representative and the signature must be notarized.

The **Appeal Application Form** (2 pages) must be completed in total. The application will be reviewed for completeness prior to a hearing being scheduled. Applications determined to be incomplete will be returned to the applicant for correction. Questions relating to completing the application should be directed to your local building department or this office.

THE MASSACHUSETTS STATE BUILDING CODE

3. One complete copy of the appeal filing, including the original of the **Service Notice**, must be delivered to the Building Official or the official entitled. Four complete copies of the appeal filing, including the original plus three copies of the **Appeal Application** form, four copies of the **Service Notice** and four copies of the letter of denial, together with a check for \$**150.00** (filing fee) payable to the Commonwealth of Massachusetts must be filed with this office, if the appeal is made directly to the State Building Code Appeals Board. (Filing fee requirements for filings before a local Building Code Appeals Board may differ from the fees prescribed for submission to the State Building Code Appeals Board).

ALL CASES WILL BE HEARD ON THE SCHEDULED DATE
POSTPONEMENTS WILL NOT BE GRANTED.

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STATE USE ONLY

Fee Received: _____

Check No.: _____

Received By: _____

**STATE BUILDING CODE APPEALS BOARD
APPEAL APPLICATION FORM**

DOCKET NUMBER: _____

DATE: _____

(State Use Only)

The undersigned hereby appeals to the State Board of Building Regulations and Standards from the decision of the:

Building Official from the City/Town of: _____

Board of Appeals from the City/Town of: _____

Other Municipal Agency/Official entitled: _____

State Agency/Official entitled: _____

OTHER: _____

Dated: _____ 19 ____, having been aggrieved by such (check as appropriate)

Interpretation ☐ Order ☐ Requirement ☐ Direction ☐

Failure to Act ☐ Other ☐ Explain _____

All appropriate code sections must be identified. All written supporting documentation must be submitted with this application..

State desired relief:

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

THE MASSACHUSETTS STATE BUILDING CODE

APPELLANT: _____

ADDRESS FOR SERVICE: _____

_____ Telephone No. _____

ADDRESS OF SUBJECT PROPERTY: _____

APPELLANT'S CONNECTION TO SUBJECT PROPERTY: _____

SIGNATURE OF APPELLANT/REPRESENTATIVE

(NAME - PLEASE PRINT)

APPENDIX B

DESCRIPTION OF BUILDING OR STRUCTURE RELATIVE TO THE MASSACHUSETTS STATE BUILDING CODE (780 CMR 6th EDITION): (Check as appropriate)


Check Here if Building is a One or Two Family Dwelling ☐ Proceed to section entitled “Description of the Proposed Work” - Do not complete the tables below

DESCRIPTION OF PROPOSED WORK (check all applicable)			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/> Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____ _____	
Description of Proposed Work: _____ _____ _____ _____ _____ _____			

USE GROUP AND CONSTRUCTION TYPE	
USE GROUP (Check as applicable)	CONSTRUCTION TYPE
A Assembly	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5
B Business	<input type="checkbox"/>
E Educational	<input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/>
H High Hazard	<input type="checkbox"/>
I Institutional	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/>
S Storage	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>
U Utility	<input type="checkbox"/> Specify: _____
M Mixed Use	<input type="checkbox"/> Specify: _____ _____

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S Special Use	 Specify: _____
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COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (780 CMR 34): _____	Proposed Hazard Index (780 CMR 34): _____

BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

Description of the Proposed Work:

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STATE BUILDING CODE APPEALS BOARD - SERVICE NOTICE

I, _____, as _____ for the

Appellant/Petitioner _____ in an appeal filed with the

State Building Code Appeals Board on _____, 19____

HEREBY SWEAR UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN ACCORDANCE WITH THE PROCEDURES ADOPTED BY THE STATE BOARD OF BUILDING REGULATIONS AND STANDARDS AND SECTION 122.3.1 OF THE STATE BUILDING CODE, I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS APPEAL APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:

NAME AND ADDRESS OF
PERSON/AGENCY SERVED

METHOD OF SERVICE

DATE OF SERVICE

Signature: APPELLANT/PETITIONER

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE

On the _____ Day of _____ 19 _____, PERSONALLY APPEARED

BEFORE ME THE ABOVE NAMED _____

(Type or Print the Name of the Appellant)

AND ACKNOWLEDGED AND SWORE THE ABOVE STATEMENTS TO BE TRUE.

NOTARY PUBLIC

MY COMMISSION EXPIRES